FEC FORM 3X

Only

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

FEC MAIL CENTER 2016 DEC 12 PH 12: 01

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Rev. 05/2016

| 1. NAME COMM | OF ITTEE (in full) | TYPE OR | PRINT ▼ | | mple: If typii r the lines. | ng, type | 12FE4M: | 5 | | 1. 1. |
|---|--|----------|---------------|----------------------|--------------------------------|----------------------|-----------|----------|--|---|
| Ame | rican A | llide | ces | Por A | frica | PAC | | | | |
| | | | | | | 1_1_k_1_1 | <u> </u> | | | <u>;</u> |
| ADDRESS (number and street) 131 West 35th Street | | | | | | | | | | |
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| th | neck if different an previously ported. (ACC) | New | Yor | -12 | | | I KN | 1000 |]- | |
| 2. FEC I | DENTIFICATION N | UMBER ▼ | | CITY A | | S | TATE A | Z | IP COD | E _ |
| C | 005.230 | 92 | | 3. IS THIS REPORT | # 12 | NEW (N) OR | AM (A) | ENDED | | |
| 4. TYPE OF REPORT (b) Monthly (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Education Year Only) | | | | | | | | | | |
| 1 | uarterly Reports: | | e On: | Mar 20 (M3) | | Jun 20 (M6) | Sep | 20 (M9) | | Year Only) Dec 20 (M12) (Non-Election |
| (a) C | t | | | Apr 20 (M4) | | Jul 20 (M7) | Oct 2 | 20 (M10) | STATE OF THE PARTY | Year Only) Jan 31 (YE) |
| | April 15 Quarterly Report | (Q1) (c) | 12-Day | | Primary (12F | P) | General (| 12G) | n , | Runoff (12R) |
| | July 15 Quarterly Report | (Q2) | PRE-Electio | Ben 22 | Convention | para; | Special (| 12S) | ليحنا | |
| | October 15 Quarterly Report | (Q3) | , | land. | | | | - | | en e |
| | January 31 Year-End Report | (YE) | E | Election on | M & M / | | | Ħ | in the State of | |
| | July 31 Mid-Year Report (Non-elect Year Only) (MY) | tion (d) | 30-Day | | General (30 | G) | Runoff (3 | 0R) | | Special (30S) |
| | Termination Repo (TER) | rt [| Report for t | Election on | | 0.8 | 2016 | # | in the State of | |
| 5. Coveri | ng Period | 0 2 | 0/20 | المارة | through | | 128 | 20 | b | |
| | at I have examined | | and to the be | est of my kno | /1/0 | | | complete |). | |
| Type or Print Name of Treasurer J. Bayley / Worgan | | | | | | | | | | |
| Signature of Treasurer Signature | | | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109 | | | | | | | | | | |
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